MEMORIAL COMMUNITY HOSPITAL LTC FACILITY

313 STOUGHTON ROAD

EDGERTON 53534 Phone: (608) 884-3441 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 61 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 57 Average Daily Census: evices Provided to Non-Posidents | | Ago Sov and Primary Diagnosis of Posidents (12/21/02) | | Longth of Stay (12/21/02)

Services Provided to Non-Residents		Age, Sex, and Primary Diagn		·		Length of Stay (12/31/02	?)
Home Health Care Supp. Home Care-Personal Care	Yes No	   Primary Diagnosis	양	Age Groups	%	Less Than 1 Year 1 - 4 Years	28.1 42.1
Supp. Home Care-Household Services	No		1.8		1.8		29.8
Day Services		Mental Illness (Org./Psy)	40.4	•	3.5		
Respite Care	No	Mental Illness (Other)	15.8	75 - 84	42.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.1	******	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.5	Full-Time Equivale	ent
Congregate Meals	No	Cancer	5.3			Nursing Staff per 100 R	Residents
Home Delivered Meals	Yes	Fractures	5.3		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	8.8	65 & Over	98.2		
Transportation	No	Cerebrovascular	14.0			RNs	12.1
Referral Service	No	Diabetes	1.8	Sex	용	LPNs	11.9
Other Services	No	Respiratory	7.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	22.8	Aides, & Orderlies	41.2
Mentally Ill	No			Female	77.2		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	342	45	100.0	109	0	0.0	0	11	100.0	165	0	0.0	0	0	0.0	0	57	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		45	100.0		0	0.0		11	100.0		0	0.0		0	0.0		57	100.0

MEMORIAL COMMUNITY HOSPITAL LTC FACILITY

*******	*****	******	*****	*****	******	******	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, ar	nd Activities as of 12	/31/02
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	6.3	Bathing	12.3		54.4	33.3	57
Other Nursing Homes	18.8	Dressing	15.8		52.6	31.6	57
Acute Care Hospitals	62.5	Transferring	26.3		52.6	21.1	57
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.1		50.9	21.1	57
Rehabilitation Hospitals	0.0					19.3	57
Other Locations	12.5	*****	*****	*****	****	******	******
Total Number of Admissions	16	Continence		%	Special Treatmer	nts	용
Percent Discharges To:		Indwelling Or Externa	al Catheter	5.3	Receiving Resp	piratory Care	12.3
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	64.9	Receiving Trad	cheostomy Care	0.0
Private Home/With Home Health	10.0	Occ/Freq. Incontinent	c of Bowel	43.9	Receiving Suct	tioning	0.0
Other Nursing Homes	0.0				Receiving Osto	omy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	e Feeding	1.8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	Ė	15.8	Receiving Mech	nanically Altered Diet	s 28.1
Rehabilitation Hospitals	0.0						
Other Locations	5.0	Skin Care			Other Resident (	Characteristics	
Deaths	85.0	With Pressure Sores		5.3	Have Advance I	Directives	100.0
Total Number of Discharges		With Rashes		3.5	Medications		
(Including Deaths)	20				Receiving Psyc	choactive Drugs	61.4

	This	Other	Hospital-	All		
	Facility	Based F	acilities	Fac	ilties	
	용	용	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98.4	87.4	1.13	85.1	1.16	
Current Residents from In-County	98.2	84.3	1.17	76.6	1.28	
Admissions from In-County, Still Residing	93.8	15.2	6.18	20.3	4.62	
Admissions/Average Daily Census	26.7	213.3	0.13	133.4	0.20	
Discharges/Average Daily Census	33.3	214.2	0.16	135.3	0.25	
Discharges To Private Residence/Average Daily Census	3.3	112.9	0.03	56.6	0.06	
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16	
Residents Aged 65 and Older	98.2	91.8	1.07	87.7	1.12	
Title 19 (Medicaid) Funded Residents	78.9	65.1	1.21	67.5	1.17	
Private Pay Funded Residents	19.3	22.6	0.85	21.0	0.92	
Developmentally Disabled Residents	1.8	1.5	1.21	7.1	0.25	
Mentally Ill Residents	56.1	31.3	1.79	33.3	1.68	
General Medical Service Residents	0.0	21.8	0.00	20.5	0.00	
<pre>Impaired ADL (Mean) *</pre>	48.8	48.9	1.00	49.3	0.99	
Psychological Problems	61.4	51.6	1.19	54.0	1.14	
Nursing Care Required (Mean) *	6.4	7.4	0.86	7.2	0.88	